

# Application for Care Partners Volunteer Service

Care Partners is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including age, gender, race, national origin, religion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

## I. Personal Information

Date \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address (*if different than above*) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_\_    Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Social Security    Birth Date

## II. Personal History

1. Where did you hear about our volunteer program?

\_\_\_\_\_

2. Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no. If yes, please explain

\_\_\_\_\_

## III. References: (Email addresses preferred)

1. Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

#### IV. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Technical Training _____		
Other _____		

#### V. Volunteering Experience

Organization/Description of work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### In which areas are you interested in volunteering?

- Direct Care
- Administration
- Events
- Grief Support
- Development
- IT
- Outreach

**VI. AVAILABILITY**

When are the best times for you to volunteer?

	MON	TUES	WED	THURS	FRI	SAT	SUN
Mornings							
Afternoons							
Evenings							

**EMERGENCY CONTACT**

\_\_\_\_\_  
Name and address of person to notify in case of an emergency

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Physician's phone number

**PLEASE READ THE FOLLOWING  
BEFORE SUBMITTING YOUR APPLICATION**

1. I understand that I will be required to attend volunteer orientation and participate in on-going training opportunities.
2. I hereby certify that the information set forth in this application for volunteer services is true and complete to the best of my knowledge. I authorize Care Partners to verify any and all statements that I have made and understand this may include checking public records to determine if I have any criminal convictions.
3. I authorize all persons and institutions referred to in this application to provide Care Partners with any information that it requests in connection with this application. I hereby release all of these persons and institutions and Care Partners from any and all claims, liabilities, and damages for whatever reason arising from the verification process.
4. I understand that further steps in the application process and ongoing hospice volunteer service may include checking of references, criminal records, and satisfactorily completing a health evaluation.
5. I understand that, by entering hospice volunteer service, I agree to conform to the standards of conduct, performance and personnel policies of Care Partners. False statements on this application or omissions of material information may result in dismissal from service.